DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: REM CRESTLINE (199026)

Address: 2506 CRESTLINE DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 10/01/1997

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094163 End Date: 02/09/2005 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008127 Served 02/25/2005

Deficiencies Cited Subject Area Compliance

Verified

88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT

Survey ID: 0092275 End Date: 04/01/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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P.O. Box 2969
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Enforcement History

Date: 02/24/2005 SOD #10008127 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Complaint History

Date Complaint Received: 01/06/2004 Date Investigation Completed: 04/05/2004

Subject Area(s) Result SOD #

NUTRITION & FOOD SERVICES ADMINISTRATION NOT SUBSTANTIATED NOT SUBSTANTIATED

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